Welcome and Overview Transcript

Slide 1
DR. HAROLD FREEMAN: Good morning, everyone. Welcome to this paradise, Corpus Christi, Texas, which I expected it to be, but the weather didn't help. But we're here for some very serious work. Jon Kerner has been the great catalyst for moving us to this point. When Jon decides to do something, he doesn't take any prisoners, and I'm glad to have him as a partner in this effort.

Slide 2
As a kind of a background for what we're going to do here today, I am going to spend just a few minutes giving my sense of this. My sense of this is that since December 23, 1971, when Richard Nixon, then the President of the United States, declared a war against cancer, we have made extraordinary research progress against this disease. And as a result of this, many Americans have fared rather well. There's been increase in lifespan, an increase in the quality of life for many, many Americans. But despite this progress, we know, particularly the people in room know, that there is a heavier burden of disease borne by some population groups in the United States, particularly the poor and the under-served. We will also point out that the unequal burden of disease in our society is not only a challenge to science, but is a moral and ethical dilemma for our great nation.

Slide 3
Health disparities, as you know, have been framed historically as racial and ethnic differences, but race and ethnic classifications have been socially and politically determined and have no basis in biological science. This does not mean that they don't count very heavily, because they do. But we want to separate the point -- the misconception that these races and ethnic groups are biological categories, because they simply are not. However, there are consequences, really, related to what we call racism and we've recently been calling it racialism inherent in classifying people in various and seeing them differently and treating them differently. And for some racial and ethnic groups, this kind of classification and the behavior by society has been associated with fewer social, educational and economic opportunities; greater exposure to stress and unsafe environments; and reduced access to quality health care.

Slide 4
We also point out that there is a critical disconnect between what we discover in this great nation and what we deliver to the American people. And this disconnect, the President's Cancer Panel has pointed out, is in and of itself, a key determinant of the unequal burden of cancer in our society. And one of the things that we're going to be talking about for the next two to three days is: How do we bridge this unacceptable gap between what we discover and what we deliver to the American people We also point out that barriers that prevent the benefits of research from reaching all populations, particularly for those who bear the greatest disease burden, must be identified and removed.

Slide 5
Now, some of you may know that in 1930, cervical cancer was the number one cause of cancer death in America. It's almost a -- to think of that now is really extraordinary. But that was true. In some parts of the world, it is still the number one cause of death in females around some parts of the world. By 1950, we had, and our scientific community discovered it, a cost-effective test called the Pap smear, 50 years ago. To be able to diagnose this disease even before it became invasive. But for 50 years, this test has not produced the benefits that we believe it should produce, because still about 5,000 women die every year of cervical cancer, which we say is a disease from which no woman should

die. Because we have a cost-effective test and cost-effective treatments, so no one should die, yet women are still dying. Well, you might have said, well, why don't you pick a disease to look at from this Policy Division of the Center to Reduce Cancer Health Disparities from which this activity originates. Why not pick colon cancer, which kills 55,000 American people, or breast cancer, 45,000 American women. Well, we thought about things like that, but we believe that cervical cancer should be looked at particularly because we have a way to prevent it before it becomes invasive, cost-effective and no one should die. We can't say that about, as far as I can tell, any other cancer. So the choice of the first policy question from the Centers for Disease Control is this question: "Why should any American woman die of cervical cancer today with what we know and what we can do " And why, in particular, are these women dying in certain regions of America, as you will see when Susan Devesa points out her maps 3/4 and Jon Kerner 3/4 to show that we know that not only are women dying from the disease, but they are dying in geographical areas of excess cervical cancer mortality. Just to give you a fill-in for the Center's next question, which is going to be taken up again on January 10th with the first meeting of the Think Tank on Racialism and Cancer Care. We believe that it has been now established that race, in and of itself, is a determinant of what care people may get. And the Center will explore that question as a second major think tank question.

Slide 6

The steps that we will take and have been taking and will bring all of this to you today, over the next 48 hours. Step One in this process -- review the existing data, contract evidence reviews of the literature. Complete conceptual review of think-tank participant ideas. Step One. Step Two. Review the evidence at round- table and think-tank meetings, where we are today, for example. And just to give you the evidence where you are all from.

Slide 7

If you look at the map, the greener states have the most participants, and states in white have none. So, I think it appears that about 40 states are represented 3/4 something of that level. Nearly 40 states are represented in this room, about 140 people. And there are a few states that are not represented. And so, that is who you are. So we could have a, I think, a good cross section of America participating in this event.

Slide 8

And finally, Step Three. We will take the Think Tank recommendations which will emanate from this body and be taken to a smaller body after this. And we will attempt to pro-actively inform policy makers and other partners about opportunities for policy change and intervention. And this is in keeping with our belief that it is not enough to discover things that may help Americans. We must also deliver those things to the American people. And in that process, we believe, there are policy implications. For example, no matter no how much you know about treating cancer, you're probably not going to help, very much, the 44 million uninsured people. That's a policy decision. The country has to decide about that and create new policies. So with that brief introduction, I am going to step down and ask Jon Kerner to come back. Thank you very much.